



SBCC FOUNDATION GALA  
AUGUST 22, 2020

**YES! Count on us as sponsors at the following level:**

PRESENTING: \$35,000

TRUSTEE: \$25,000

CHANCELLOR: \$15,000

PRESIDENT: \$10,000

DEAN: \$5,000

DEPARTMENT CHAIR: \$2,500

**CONTACT INFORMATION**

First & Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you the program ad design contact?  Yes  No

If not, who is? Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPANY/ORGANIZATION INFORMATION**

Company Name (as it should appear in promotional materials): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

FAX: \_\_\_\_\_ Website: \_\_\_\_\_

I agree that you may use our company name in pre- and post- event publicity as well as in the event program.

**PAYMENT INFORMATION**

Method of payment:  Credit card  Check enclosed  This is a pledge, please bill me.

Credit card type:  Visa  MasterCard  American Express  Discover

Card No.: \_\_\_\_\_ 3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make all checks payable to SBCC Foundation and return form to:**

Raissa Smorol  
SBCC Foundation  
721 Cliff Drive  
Santa Barbara, CA 93109



Or scan and email to: [smorol@sbccfoundation.org](mailto:smorol@sbccfoundation.org)

SBCC Foundation tax ID number: 95-323-4551